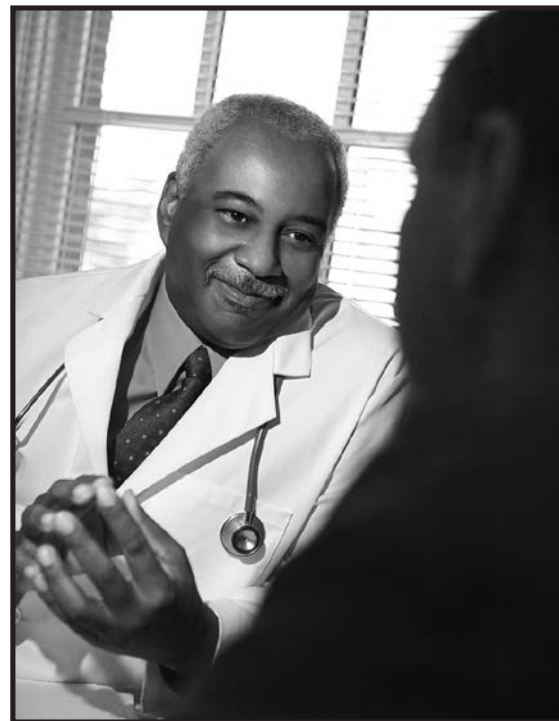


Teachers' Retirement Insurance Program (TRIP) Summary

July 1, 2014 - June 30, 2015

This summary provides current TRIP premiums and accessibility information for July 1, 2014 through June 30, 2015.



Listing of current health care plan providers

Please call the toll-free number or visit the plan online for specific coverage details.

| Prescription Drugs | Teachers' Choice Health Plan - TCHP |
|--|---|
| Express Scripts (800) 899-2587 TDD: (800) 759-1089 www.express-scripts.com | CIGNA (800) 962-0051 TDD: (800) 526-0844 www.cigna.com/stateofil |
| HMOs and OAPs | |
| BlueAdvantage or HMO Illinois (800) 868-9520 TDD: (866) 876-2194 www.bcbsil.com/stateofillinois | Health Alliance HMO (800) 851-3379 TDD: (800) 526-0844 www.healthalliance.org/stateofillinois |
| HealthLink OAP (800) 624-2356 TDD: (800) 624-2356, ext.6280 www.healthlink.com/illinois_index.asp | Coventry Healthcare HMO or OAP (800) 431-1211 TDD: (217) 366-5511 http://chcillinois.com |

For questions regarding coverage benefits, please contact the Department of Central Management Services (CMS) at (217) 782-2548 or (800) 442-1300.

For questions regarding eligibility or enrollment, please contact TRS at (800) 877-7896. More detailed information is available on the TRS website at: <http://trs.illinois.gov>.

Medicare Advantage TRAIL Program

Effective Feb. 1, 2014, the state began a new Medicare Advantage Program called TRAIL for annuitants and survivors enrolled in both Medicare Parts A and B. Visit www.cms.illinois.gov/thetrail for eligibility information.



Enrollment

If you are eligible, you can enroll yourself and qualifying dependents during the following periods:

- **When you apply for monthly pension benefits.** If you want to enroll at this point, you must return the enrollment form to TRS no later than 30 days after the effective date of the pension benefits.
- **When you turn 65.** TRS will mail you enrollment information within 60 days before your 65th birthday. You have six months from the date you become eligible for Medicare Part A and Part B to enroll. If you are not eligible for both parts of Medicare, you may still enroll but must do so within 30 days of your 65th birthday.
- **When coverage is terminated by a former plan.** You may continue coverage with another plan rather than enroll in TRIP. If this occurs, you and your eligible dependents may enroll in TRIP when coverage under the other plan is terminated. The termination must be initiated by the plan. You must return the enrollment form, along with a letter from the plan stating the effective date of termination, no later than 30 days after the termination of the plan's coverage.
- **During the Benefit Choice Period,** if you have never been enrolled in TRIP. You may be eligible to enroll in TRIP during the Benefit Choice Period (usually May 1 through May 31 each year). The insurance becomes effective on July 1. Additionally, a fall Benefit Choice Period occurs for those eligible for the Medicare Advantage (TRAIL) Program.

You may enroll dependents when you enroll in the program, the dependent turns 65, a qualifying change in family status occurs (marriage or birth/adoption of child), or coverage is involuntarily terminated by a former plan. You may also enroll dependents during the annual Benefit Choice Period if they previously have not been enrolled in TRIP. Dependents will be enrolled in the same health plan as the benefit recipient.

Monthly premiums through June 30, 2015

| Type of Plan | Not Medicare Primary Under age 26 | Not Medicare Primary Age 26-64 | Not Medicare Primary Age 65 & above | Medicare Primary* All ages |
|---|--------------------------------------|-----------------------------------|--|-------------------------------|
| Benefit recipient enrolled in any managed care plan | \$68.62 | \$213.15 | \$290.41 | \$84.24 |
| Benefit recipient enrolled in Teachers' Choice Health Plan (TCHP) when a managed care plan is available in their county of residence | \$178.09 | \$502.64 | \$755.95 | \$219.31 |
| Benefit recipient enrolled in TCHP when a managed care plan is not available in their county of residence | \$89.04 | \$251.33 | \$377.98 | \$109.66 |
| Dependent beneficiary enrolled in any managed care plan | \$274.58 | \$852.59 | \$1,161.61 | \$291.82** |
| Dependent beneficiary enrolled in TCHP when a managed care plan is available in their county of residence | \$356.17 | \$1,005.29 | \$1,511.89 | \$438.65 |
| Dependent beneficiary enrolled in TCHP when a managed care plan is not available in their county of residence | \$356.17 | \$1,005.29 | \$1,511.89 | \$328.99** |

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit.

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

Out-of-state managed care

Managed care is available in some counties in Arkansas, Indiana, Iowa, Kentucky, Missouri, and Wisconsin. Call TRS for more information, (800) 877-7896 or directly contact the managed care plan for information regarding availability.

Coverage Comparison Table

| Benefit | PPO | HMO | Open Access Plans (available in all IL counties) | | |
|--|--|---|---|---|---|
| | Teachers' Choice Health Plan (TCHP) Available in all IL counties | Managed Care Plans | Tier I 100% benefit | Tier II 80% benefit | Tier III (Out-of-Network) 60% benefit |
| Plan year maximum benefit | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Lifetime maximum benefit | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Annual out-of-pocket maximum | Individual: \$1,200 in network \$4,400 out-of-network Family: \$2,750 in network \$8,800 out-of-network | Individual: \$3,000 Family: \$6,000 | Individual: \$6,250 Family: \$12,700 (includes eligible charges from Tier I and Tier II combined) | | NA |
| Annual plan deductible Must be satisfied for all services | \$500 per participant | \$0 | \$0 | \$300 per enrollee* | \$400 per enrollee* |
| Out-of-network hospital admission | \$400 deductible 60% allowable charges** | No coverage | Contact plan administrator | | |
| Inpatient/hospital admission | 80% after annual deductible, \$200 deductible | 100% after \$250 copayment | 100% after \$250 copayment | 80% network charges after \$300 copayment | 60% allowable charges after \$400 copayment |
| Outpatient surgery | 80% in network | 100% after \$150 copayment | 100% after \$150 copayment | 80% network charges after \$150 copayment | 60% allowable charges after \$150 copay |
| Diagnostic lab & x-ray | 80% in network 60% allowable charges out-of-network** | 100% | 100% | 80% network charges | 60% allowable charges |
| Emergency room hospital services | \$400 | \$200 | 100% after \$200 copay | 100% after \$200 copay | 100% after \$200 copay |
| Physician office visit | 80% in network 60% allowable charges out-of-network** | \$20 copayment | 100% after \$20 copayment | 80% network charges | 60% allowable charges |
| Preventive services, including immunizations | 100% in network 60% allowable charges out-of-network** | 100% | 100% | 100% | Covered under Tier I and Tier II only |
| Durable medical equipment | 80% in network 60% allowable charges out-of-network** | 80% network charges | 80% network charges | 80% network charges | 60% allowable charges |
| Prescription Drugs copay | \$7-\$50 generic \$14-\$100 preferred brand \$28-\$150 nonpreferred brand | \$10 generic \$20 preferred brand \$40 nonpreferred brand | \$10 generic \$20 preferred brand \$40 nonpreferred brand | | |

* Open Access Plans: An annual plan deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year. Amounts over the plan's allowable charges do not count toward the out-of-pocket maximum.

** TCHP: Sixty percent of allowable charges are paid for out-of-network charges after the annual plan deductible has been met.

Health Plans by Illinois County

Effective July 1, 2014 - June 30, 2015

Refer to the code key below for the health plan code for each plan by county.

- AH– Health Alliance HMO
- AS – Coventry HMO
- BY – HMO Illinois
- CF – HealthLink OAP
- CH– Coventry OAP
- CI – BlueAdvantage HMO
- D3 – Teachers’ ChoiceHealth Plan (TCHP)

□ AH, AS, BY, CF, CH, CI, D3

▤ BY, CF, CH, CI, D3

▥ AH, AS, CF, CH, D3

■ AH, AS, CF, CH, CI, D3

▨ AH, AS, BY, CF, CH, CI, D3

Striped areas represent counties in which HMO Illinois or BlueAdvantage HMO do not have provider coverage; members in these counties may have access to HMO Illinois or BlueAdvantage HMO providers in a neighboring county.

